



Kimberly A. Foster  
Executive Director

# LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

**COMMISSIONERS:**  
CAROL O. BIONDI  
PATRICIA CURRY  
HON. JOYCE FAHEY  
ANN E. FRANZEN  
SUSAN F. FRIEDMAN  
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DR. LA-DORIS MCCLANEY  
REV. CECIL L. MURRAY  
WENDY L. RAMALLO, ESQ.  
SANDRA RUDNICK, VICE CHAIR  
ADELINA SORKIN, LCSW/ACSW, VICE CHAIR  
DR. HARRIETTE F. WILLIAMS  
TRULA WORTHY-CLAYTON

## APPROVED MINUTES

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The General Meeting of the Commission for Children and Families was held on Monday, **March 5, 2007**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

### COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi  
Trula J. Worthy-Clayton  
Patricia Curry  
Hon. Joyce Fahey  
Ann E. Franzen  
Helen A. Kleinberg  
Sandra Rudnick  
Adelina Sorkin  
Dr. Harriette F. Williams

### COMMISSIONERS ABSENT (Excused/Unexcused)

Susan F. Friedman  
Dr. La-Doris McClaney  
Rev. Cecil L. Murray  
Wendy L. Ramallo

### APPROVAL OF AGENDA

The agenda for the March 5, 2007, meeting was unanimously approved as revised.

### APPROVAL OF MINUTES

The minutes of the February 5, 2007, general meeting were unanimously approved.

### CHAIR'S REPORT

- Chair Kleinberg welcomed new Commissioner Trula J. Worthy-Clayton, appointed by Supervisor Michael Antonovich, and reviewed her considerable experience within

the public and private sectors. Commissioner Worthy-Clayton expressed her pleasure at joining the Commission.

- Thanks to efforts within the Executive Office, the contract with recorder Evelyn Hughes to prepare Commission minutes is in effect through 2007.

#### **DIRECTOR'S REPORT**

- The e-mail system has been down at the Department of Children and Family Services since March 1. It is expected to be repaired early this week.
- The Board of Supervisors has delayed action on the Title IV-E waiver pending the resolution of two issues. The first is the \$17.2 million disallowance the Federal government threatened to levy against Los Angeles County as a result of a negative Adoption and Safe Families Act (ASFA) audit in 2004; that disallowance will not be levied, and those funds are back in the waiver, bringing reinvestment savings to an estimated \$15 million per year over the waiver's five years. The Board is also waiting for agreement on the memorandum of understanding with the state. Once that has been finalized, the Board will vote on submitting the waiver plan. Implementation is expected to begin on July 1, 2007.

Chair Kleinberg asked about improved outcomes being sought through waiver implementation, questioning whether the department might be "aiming low." Trish Ploehn responded that estimates are conservative so that goals would not be seen as unrealistic. Savings achieved from reducing the number of children in care will be invested in flexible waiver strategies. Children are best served by not entering care at all, or by being in care for shorter periods. If they can return home safely, they should do so within 12 months. If they cannot, they should move to another permanent setting through adoption or legal guardianship. (The Federal goal is to have one-third of children on the adoption track be adopted within 24 months.)

Over the last four years, DCFS has already reduced the number of children in care from 28,000 to just over 20,000. No further reduction in that number is projected during the waiver's first year, as strategies are implemented, but a 2 percent reduction is projected for the second year, 4 percent reductions in years three and four, and a 5 percent reduction in year five.

Children in care now tend to be those at higher risk, whose families need more intensive and specialized services. Some data shows the largest increase of children entering the system to be those under age five, for whom volatile family circumstances such as substance abuse and domestic violence can make a return home particularly unsafe. (The department seeks to abide by the law requiring that children under age three be reunified within six months, rather than 12, but it sometimes takes longer when safety is an issue.) By contrast, Commissioner Curry has heard that teenagers are fastest-growing segment of children entering the system.

Ms. Ploehn agreed to provide a breakdown of both existing and new DCFS cases by age, type of placement, geographic area (home and placement), and outcome, for both the voluntary and involuntary sides of the department's work. Because the waiver is being implemented in collaboration with the Probation Department, Commissioner Biondi asked that probation youth be added to that breakdown.

A discussion on data collection will be put on a Commission agenda soon, since it is not clear whether or not a baseline exists from which waiver changes can be measured, and because shifts to evidence-based practices will also require comprehensive data tracking. A DCFS work group is reviewing data that is currently collected to analyze what items are no longer needed, what are needed but not collected, and how needed information can be gathered.

- Ms. Ploehn reviewed an organizational chart of senior managers, from division chiefs and regional administrators on up.
  - ✓ Michael Gray, who used to be over the kinship support division, is now leading the Hawthorne office.
  - ✓ Jennifer Lopez, formerly the chief over the emergency response command post, is now leading kinship support.
  - ✓ Ed Sosa, once the chief over out-of-home care management, is now assigned to the emergency response command post.
  - ✓ Harvey Kawasaki is currently transitioning out of his position as regional administrator in the Torrance office to take over the new community-based support division, which includes family preservation, family support, child care, the prevention initiative, and faith-based work.
  - ✓ The position over out-of-home care management has been posted for promotion, as the Torrance office RA position will be.
  - ✓ The senior deputy director position previously held by Jackie Acosta is vacant, and the Department of Human Resources is launching a nationwide search for a replacement. Management experience in child welfare, direct operational experience, and knowledge of IV-E funding streams is necessary; position requirements have been approved and should be posted within four to six weeks. Ms. Ploehn encouraged anyone aware of an appropriate candidate for that position—or for her executive assistant, another vacant slot—to let her know.

Mr. Kawasaki, who has been with DCFS since 1984 and in the Torrance office for four years, expressed his passion for prevention, collaboration, and partnership, citing valuable work being done in the South Bay. Chair Kleinberg suggested he contact Commissioner Franzen, a key player in the faith community group.

Jennifer Lopez, who started with the department in 1989 as a children's social worker, served in that capacity for eight years and as a supervising CSW for five years, both in emergency response and in the court system. After a stint as assistant regional administrator at the command post, she spent 18 months in the Lakewood office, reducing the number of delinquent cases, and then moved to the Covina office. Following her promotion to regional administrator, she returned to the command post and recently moved to the kinship/ASFA section, where she looks forward to reporting improved conditions within the next six months. Chair Kleinberg emphasized the Commission's interest in relative care, since the majority of DCFS children are placed with kin.

- With regard to a question at a previous Commission meeting about substance abuse treatment, Susan Jakubowski has confirmed with managers that staff are complying with the department's standard policy. In the Metro North, North Hollywood, and Torrance offices, the Linkages pilot program co-locates Department of Public Social Services eligibility workers to make sure clients are linked with all services provided by DPSS, and Linkages will move into other DCFS offices soon. Prior to this, most DCFS workers have not been aware that, even when children are removed from the home, families are eligible to retain DPSS services for six months. Families who are not already participating in TANF (Temporary Aid to Needy Families) or Cal-WORKs, or who are undocumented, must be linked with other services.
- Long delays have been reported with the DCFS procurement section in getting refrigerators, beds, and other items necessary for families to reunify or remain together, especially for relative assessments and in the family preservation program. Ms. Ploehn has initiated an audit of the procurement section through the Auditor-Controller's office, and hopes to have results in 60 to 90 days so these concerns may be resolved. Chair Kleinberg suggested that auditors not confine their efforts to the procurement section alone, but also talk to providers in the private sector who lodge requests for these items and have trouble getting them.
- In the family preservation program's budget, an initial comprehensive evaluation was funded in the amount of \$400,000, and prevention agencies were also asked to provide between \$4,000 and \$5,000 for data collection. About two years ago, the process was changed to split evaluation funding, with \$100,000 going to the University of Southern California for its Inter-University Research Consortium, and \$100,000 to Partners in Care for a customer service survey. An additional \$50,000 to USC covered July through December 2006, and that contract is now completed.

The department's intent was that the Inter-University Research Consortium would continue the evaluation beginning January 1, 2007, with an allocation of \$250,000. However, problems in negotiating that contract delayed its implementation, although all but one—proprietary rights—have been resolved. Using Federal verbiage around that issue has seemed to meet everyone's needs, and sign-off is expected soon.

According to Dr. Barbara Solomon, principal investigator for the initial family preservation evaluation, much data was collected that was not analyzed because of financial and staffing constraints. The Inter-University Research Consortium is planning to move that data into DCFS's system to complete Dr. Solomon's work, noting what information exists and what is still needed for a comprehensive evaluation. Chair Kleinberg stated the Commission's desire to review the consortium's contractual scope of work, citing particular concerns about what happens to families who refuse family preservation services, and what the differences are between those who receive services and those who don't. After 15 years, a full and useful evaluation of the family preservation program, indicating when it works and for whom, still does not exist.

When contracts don't work well, Commissioner Williams said, money can be lost. She sees ongoing problems related to this in the kinship program, especially when only one agency can do the job that's needed and a sole-source contract doesn't go through. Commissioner Biondi suggested asking the Board of Supervisors to issue a revised contracting standard, since little reason exists for a sole-source agency that has successfully provided services for many years—for either DCFS or Probation—to have to respond to an annual RFP. She hopes the Chief Administrative Office will look at how the contracting process countywide can be made more efficient, particularly as more evidence-based practices are implemented. Contract extensions are sometimes possible, so services do not need to be suspended. (Although the organizational chart that Ms. Ploehn distributed did not include this level, Walter Chan is the assistant division chief of the contracts division.)

Returning to the question of evaluations, Chair Kleinberg urged the collection of outcomes data to show whether programs are of value, especially in terms of visitation and other strategies under the Title IV-E waiver. As of now, a very small, three-person section exists for research and geographic information systems (GIS) within Leo Yu's information systems bureau. A specialized section within DCFS is being proposed, however, to administer the waiver and an evaluation of waiver components, since the effort is too big not to have appropriate oversight.

- Otho Day has prepared an all-staff refresher training on the family preservation program, beginning at Metro North in mid-April and rolling out to all offices.
- Because family preservation is a voluntary activity, families may refuse those services. If a child abuse issue arises, the family is referred to the department and a case opened. If not, the case is closed.
- In response to questions posed at the last Commission meeting, Ms. Ploehn distributed information on the ethnicity of DCFS youth with children of their own, as well as a breakdown of the age of the minor children. Of the 342 parents under the jurisdiction of the department, 53 have more than one child. At least 11 of the minor children are of school age, but education information could be gathered on only a few because DCFS does not track the schooling of nondetained children. By midsummer,

a new computer system will capture that information. In addition, a motion before the Board of Supervisors next week will allow the hiring of 15 educational consultants.

A significant number of minor children are under the age of two, and their parents may need parenting information and training, though many are living separately from their children. Commissioner Biondi believes many more could be together if the appropriate services were provided. Foster families seldom take both moms and babies, and most tandem placements tend to be with relatives. According to Susan Jakubowski, a Senate bill recently passed that would fund foster homes accepting nondetained children. Commissioner Williams also suggested a co-funded project with First 5 LA under its new open grantmaking scheme for projects around this population, and Commissioner Fahey recommended the involvement of the faith-based group as well. A large number of teen mothers who lose their kids to the system become runaways, and that number could be reduced by supporting them in keeping their children.

Chair Kleinberg requested statistics on how many minor children live with their DCFS-client parents, how many are placed in other situations, what percentage are themselves under the jurisdiction of the dependency court, how long they have been in the system, and where they are located geographically. She also asked that similar statistics be obtained from the Probation Department. Commissioner Williams suggested that St. Anne's might be asked to lend its expertise.

- Ms. Ploehn distributed information on resources for pregnant and parenting teens, including a Kaiser Foundation grant secured through the Inter-Agency Council on Child Abuse and Neglect's pregnant/parenting subcommittee, the independent living program's recruitment of minor parents since 2005, the Speak Out held at St. Anne's for parenting teens to discuss their experiences, and a new policy addressing reproductive health.

### **SPECIALIZED RATES FOR FOSTER CARE**

Dr. Charles Sophy explained the process for obtaining a **D rate**, a specialized payment category designed to give extra support to foster children with high-level mental health needs. These usually include severe emotional disturbances and behavioral challenges, what the Diagnostic and Statistical Manual of Mental Disorders would classify as a global assessment functioning level of 50 or below in five areas: school, sleeping, eating, social interaction, and the way the child expresses himself. A child born drug-addicted, for example, would not necessarily meet the D rate criteria, though the proclivity toward mental illness could develop if the bonding period of birth to nine months were disrupted.

A detained child with mental health issues or on psychotropic medication is connected by his or her CSW to the regional office's D rate team—a D-rated CSW (a DCFS employee with a mental health license) and a medical caseworker co-located from the Department of Mental Health. A mental health provider evaluates the child for the severity of his or her condition, and if the D rate is approved, the team links the child to services, assesses their effectiveness, and performs a review every six months to determine if the D rating is

still appropriate and how the child is progressing. These regular reviews—new in the last two years—gather feedback for the case plan through interviews (with caregivers, service providers, teachers, and the child), forms, blood work, prescription renewals, school and caregiver checklists, telephone follow-up, and customer satisfaction surveys of the child's caregiver and school. Truancies and failing grades are tracked and woven into treatment goals, and D rate workers also attend school meetings to develop individualized education programs, or IEPs. Psychotropic medications are reviewed with the child's doctor, and DCFS and DMH are developing a database for that information.

If the child's condition is severe and case goals prove unattainable, the team develops a fallback plan for the child, including applying for Supplemental Security Income (SSI), which may be granted at any age depending on functional impairment.

Approximately 2,550 children are currently D rated, many found through screenings at the medical hubs and through team decision-making conferences. Most are older children, about half placed with relatives and half in specialized foster care. Over the last couple of years, six-month reviews have identified about 300 children who no longer need the extra help. When conduct issues are resolved and children leave the D rate system, they mostly transition back to their family homes—sometimes with a one-on-one in-home worker—and services don't necessarily change. Six-month check-ups continue, as do behavioral interventions, mental health treatment, medication, in-home services, and other resources such as parenting and support groups. Transitions back home are seldom easy, and might be an opportunity to use respite care funds available through the Mental Health Services Act, since respite care is available only three days per year through the D rate program (a figure reached some years ago to help with children moving back to relatives or family from a group home). Chair Kleinberg asked about the training provided to CSWs to prepare parents for visitations with D rate children, and Dr. Sophy said that mental health providers bring the family into therapy as needed, with services for substance abuse, domestic violence, and so on.

If reunification isn't possible, workers try to keep children in a consistent placement, even though once the D rate ceases, caregivers receive a lower rate for caring for the same child. Empowering those caregivers and building relationships with them is a big part of the work of the regional D rate teams. Those teams have proved to be a tremendous resource for caregivers and providers, handling about 3,000 calls per month—72,000 calls over the last two years—that otherwise would not have been answered. (The idea of a medical ombudsman position is also being explored.) Community town halls are held twice a year for D rate caregivers and mental health service providers so that DMH and DCFS staff can answer their questions, and caregivers always have access to a D rate worker by telephone. With DCFS staff who are also licensed mental health workers, both crises and ongoing situations can often be handled by phone, with staff intervening or linking families to further support. DMH and DCFS team members hand off situations to each other as appropriate, and also rely on the geographically based psychiatric mobile response teams for medical follow-up. A surplus of providers exists in most areas, so waiting lists for services have not been a problem. With the participation of the DMH

medical caseworkers, mental health issues in the foster-care population are being caught much earlier, and that information is being tracked to show compliance with the settlement of the Katie A. lawsuit.

Between 20 and 30 percent of D-rated children are dual-diagnosed with Regional Centers, and teams meet regularly with Regional Center staff in various areas. A combined training is scheduled for March 28 for team liaisons and D rate staff.

Dr. Sophy promised a demographic breakdown of D rate participants, including age, geographic location, type of placement, placement stability, psychotropic medication authorizations, and how many children have returned home from a D rate placement. Commissioner Curry also asked for statistics about children emancipating out of D rate homes, those moving to a lower level of care, and children in D rate homes who go to probation. (The Probation Department's suitable placement category uses Title IV-E funding, but Probation does not have a D rate process as such, though it can approve a D rate for crossover youth. Probation does not provide an F rate.) Sandra Thomas said that the Department of Mental Health will also provide statistics on how many children are initially referred for a D rate evaluation and how many the process denies, as well as how many D rate children have substance abuse issues.

The **F rate** is a similar specialized payment rate for medically fragile children, generally those with chronic diseases or handicaps that prevent them from functioning well. Unfortunately, not enough nurses exist to support office-based F rate teams, and funding stream barriers prevent their performing certain duties. Approximately 2,500 children receive the F rate, and caseloads are between 300 and 500 for each nurse.

Chair Kleinberg recalled a relative caregiver who attended a Commission meeting last year with her disabled child, who had grown out of his wheelchair and leg braces but could not get them replaced. As with D rate cases, F rate children are evaluated by nurses every six months, but caregivers may not realize that they can go through their child's social worker in between times to get equipment updated. (If families are eligible, they can also be linked to California Children's Services, a state program that will assist with equipment.) Triggering the six-month review is the responsibility of the CSW, and reviews are a collaboration between the caregiver, the social worker, the nurse, and the child's doctor, evaluating the progression of the child's illness and the level of care that is needed. Some F rate children have acute illnesses from which they will recover, but others have chronic conditions lasting a lifetime.

Reunification for children with severe physical challenges can be difficult, and about half those parents don't feel able to take care of their children themselves; caregivers are encouraged to involve families in their children's lives. HIV presents similar issues, as kin families and foster families alike can be reluctant to take precautions for blood-borne pathogens with other children in the house. Proposals are now being developed to provide medically fragile children with special foster family placements.



Referring to the chart showing the numbers of children in all types of out-of-home care facilities, Chair Kleinberg expressed shock at the number of caregivers—nearly 20 percent—who receive no compensation. More than 4,200 relative homes are listed as receiving no pay, and even if the children placed there are not at high risk, that's a lot of relatives who are not being supported. Ms. Ploehn promised to check these statistics, saying that it was difficult to believe that so many foster home placements were not being paid for. Chair Kleinberg asked for clarification on what the relative care community looks like, with answers about the kinds of children being placed there, how many are participating in family reunification programs, etc.

**PUBLIC COMMENT**

There was no public comment.

**MEETING ADJOURNED**